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Supreme Court of the United States

OCTOBER TERM, 1993

JUDY MADSEN, ED MARTIN, and SHIRLEY HOBBS,

Petitioners,

—v.—

WOMEN'S HEALTH CENTER, INC., AWARE WOMAN CENTER FOR CHOICE, INC., EPOC CLINIC, INC., AND CENTRAL FLORIDA WOMEN'S HEALTH ORGANIZATION, INC.,

Respondents.

ON WRIT OF CERTIORARI TO THE SUPREME COURT OF FLORIDA

BRIEF OF THE CENTER FOR REPRODUCTIVE LAW & POLICY, NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE (NARAL), WOMEN'S LAW PROJECT, WOMEN'S LEGAL DEFENSE FUND, NATIONAL WOMEN'S LAW CENTER, and AMERICAN JEWISH COMMITTEE, AS *AMICI CURIAE* IN SUPPORT OF RESPONDENTS

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This *amici curiae* brief is submitted in support of Respondents Women's Health Center, Inc., Aware Woman Center for Choice, Inc., EPOC Clinic, Inc., and Central Florida Women's Health Organization, Inc. By letters filed with the Clerk of the Court, Petitioners and Respondents have consented to the filing of this brief.

INTEREST OF AMICI CURIAE

The Center for Reproductive Law & Policy, the National Abortion and Reproductive Rights Action League (NARAL), the Women's Law Project, the Women's Legal Defense Fund, the National Women's Law Center, and the American Jewish Committee are all advocacy groups that seek to ensure women's equal rights and to protect women's access to safe reproductive health care. *Amici curiae* have a particular interest in halting the concerted violence, harassment and intimidation being directed against women seeking abortions and against clinics, physicians and staff providing abortion services. *Amici* seek to ameliorate the public health and public safety crisis that now exists as a result of the violence and climate of fear created by anti-choice militants in Florida and throughout the United States and the resultant shortage of physicians and clinics willing to provide abortion services. *Amici* have specific concerns for the health and well being of low-income women who disproportionately rely on reproductive health care clinics for their medical needs. Individual statements of interest of each *amici* are attached hereto as Appendix A.

SUMMARY OF ARGUMENT

The Florida Supreme Court correctly approved the Amended Permanent Injunction ("the Injunction") issued by the Eighteenth Judicial Circuit of Florida. This injunction was issued in response to a persistent campaign of violence, harassment, and intimidation targeted at women who seek abortions and the clinic, physicians and staff who provide abortion services in Melbourne, Florida. Indeed, the Injunction was issued based on extensive evidence and detailed findings of fact only after repeated violations of a prior injunction and continued threats to public health and safety.

Moreover, this pervasive campaign of violence and intimidation extends far beyond the one clinic in one state at issue in this case. It is an organized nationwide campaign using similar tactics at reproductive health clinics across the United States. Thus, in analyzing the Injunction, this Court should consider that the facts of this case illustrate part of a broader nationwide climate of harassment and intimidation in which reproductive health care is provided. This severe national crisis creates a strong governmental interest in restricting disruptive activities to the degree necessary to protect women's health and safeguard women's constitutional right to choose abortion.

It is critical that trial courts retain the authority to enjoin the type of activities addressed by the injunction below. To put an end to nationwide lawlessness and intimidation, to protect public health, and to ensure that women are able to exercise their constitutional right to choose abortion, *amici* respectfully urge this Court to affirm the decision of the Supreme Court of Florida.

ARGUMENT

I. VIOLENCE, HARASSMENT AND INTIMIDATION DIRECTED AT WOMEN SEEKING ABORTIONS AND THEIR HEALTH CARE PROVIDERS POSE A SERIOUS THREAT TO PUBLIC HEALTH AND IMPEDE WOMEN'S ABILITY TO EXERCISE THEIR CONSTITUTIONAL RIGHT TO CHOOSE ABORTION.

Since *Roe v. Wade*, 410 U.S. 113 (1973), the landmark decision finding constitutional protection for the right to choose abortion, anti-choice zealots have sought to make abortion a crime, or, at the very least, unavailable. While some anti-choice organizations and individuals have adopted peaceful and lawful methods, a significant and continually increasing number rely on extreme acts that range from large and sometimes violent blockades and clinic invasions to stalking, bombings, arson, and even murder.

This nationwide crisis of anti-choice violence has escalated since *Planned Parenthood v. Casey*, 112 S. Ct. 2791 (1992), in which this Court reaffirmed the right, albeit diminished, to abortion, and *Bray v. Alexandria Women's Health Clinic*, 113 S. Ct. 753 (1993), which left women without an adequate means of protecting that right.[1] Indeed, the Court's ruling in *Bray* was interpreted by anti-choice

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[1]In *Bray*, this Court found that 42 U.S.C. § 1985(3) did not protect women's privacy rights against anti-choice violence, coercion and intimidation. Subsequent to *Bray*, the Court decided *National Organization for Women v. Scheidler*, 114 S. Ct. 789 (1994), which found that economic motive was not required for a RICO violation within the context of alleged anti-choice extortion and left open the possibility of a federal remedy in a limited number of cases. The level of violence, harassment and intimidation nationwide, however, continues to increase.

militants as a message that they would not be held accountable for their coercive and violent activities.

Having failed to see *Roe* completely overturned or the Human Life Amendment passed, the anti-choice forces have shifted their focus toward preventing abortion by harassing, threatening, and intimidating women seeking services at reproductive health care clinics, and physically denying women access to the clinics through massive clinic blockades. The most recent tactic of anti-choice militants involves driving physicians out of the profession by extortion and threats of violence.[2] As a result of both direct intimidation and tormenting beleaguered reproductive health care providers, women's health has been critically jeopardized. Moreover, as is often the case when access to health care is imperiled, these tactics have impacted low-income women, women of color, and young women most severely.

A. In Florida And Across The Nation Threats And Violence Against Women Seeking Abortions And Their Health Care Providers Are Severe And Escalating.

The trial court's factual findings, and the evidence upon which they were based, illustrate extreme tactics employed by militant anti-choice groups. For years, Respondent Aware Woman Center for Choice ("the clinic"), its staff and patients have experienced massive violence, harassment, and intimidation. *See* Joint Appendix ("J.A.") at 13, 14, 15, 51,

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[2]Joseph Scheidler has stated:

> We haven't been successful in getting the Human Life Amendment passed or in getting *Roe* overturned. When you get doctors out, you can have all the laws on the books you want and it doesn't mean a thing.

Abortion Foes Strike at Doctors' Home Lives, Washington Post, April 8, 1993, A1 at A17.

53, 146, 158-164, 174-79, 189-92, 194, 195-96, 496-506 514-15, 534, 555-56. In addition to physical intimidation including pushing, shoving, and surrounding targeted individuals, this harassment includes threats and shouting very close to the faces of patients and staff. *See* J.A. at 14, 54, 177-79, 189-92, 555-56. Anti-choice protesters also intimidate patients and staff by surrounding them in their cars, and physically blocking access to the clinic.[3] *See* J.A. at 51, 146, 194, 534. Moreover, they shout in the direction of the surgery room and the screaming is heard inside.

Other harassing tactics include tracing patients' identities through license plates and tracking them down in their homes or places of employment. The militant protesters have called patients' family members, employers, and acquaintances to insult the women and reveal intimate information.[4] In addition, they stalk and threaten clinic staff members and intimidate the children and family of clinic staff. *See* J.A. at 13, 14, 53, 55, 158-64, 174-79, 189-92, 195-96, 496-506, 514-15. They also vandalize property on clinic grounds and tie up the clinic phone lines to medical personnel. *See* J.A. at 13, 14, 55, 537. These anti-choice tactics have continually escalated in severity and frequency.

The facts presented in this case are typical of the experiences of women seeking reproductive health care and their health care providers all over the country. The pervasive nationwide climate of violence and intimidation targeted at abortion providers has been recognized by the United States

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[3]The anti-choice protesters also walk directly in front of cars while pushing a baby carriage in order to force the cars to stop. After the protesters force cars to stop, they continue their harassment until they can intimidate patients into opening their windows. *See* J.A. 146-47.

[4]Patients are so concerned about harassment that many remove their license plates in violation of state law. *See* J.A. at 296-97.

Senate and House of Representatives, both of which have held extensive hearings on the issue,[5] by the Attorney General of the United States,[6] countless state and federal courts that have issued injunctions, and numerous journalists.[7]

In the last 17 years, there have been more than 6,000 blockades at reproductive health care clinics and over 1,000 acts of violence.[8] Violent acts include at least 36 bombings, 81 arsons,[9] 131 death threats, 84 assaults, two kidnappings, 327 clinic invasions,[10] and one murder. *Id.* In addition to

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[5]Freedom of Access to Clinic Entrances Act of 1993: Senate Hearings before the Senate Comm. on Labor and Human Resources, 103D Cong, 1st Sess. (1993) ("Senate Hearings". House Judiciary Comm., Subcommittee on Crime and Criminal Justice (the "1993 House Hearings").

[6]Senate Hearings at 12 (Testimony of Janet Reno, Attorney General).

[7]Tamar Lewin, *Clinic Firebombed in PA*, The New York Times, Sept. 30, 1993, at A16; William Hamilton, *Arson Suspected As Abortion Clinic in Conservative Bakersfield Burns*, The Washington Post, Sept. 21, 1993, at A3; William Booth, *Abortion Battle Fatigue - Slain Physician's Replacement Vents Fears, Frustration*, The Washington Post, May 17, 1993, at A3; Fellicity Barringer, *Abortion Clinics Preparing For More Violence*, The New York Times, March 12, 1993, at A1.

[8]1993 Senate Hearings at 3, NAF, Incidents of Violence & Disruption Against Abortion Providers, 1993, April 16, 1993 (summary submitted to the Committee with the testimony of Willa Craig).

[9]If attempted arsons and bombings are also taken into account, the number of arson and bombings is nearly 200 since 1977. NAF, *Incidents of Violence & Disruption Against Abortion Providers, 1993*, November 12, 1993.

[10]During clinic invasions abortion providers have been "pinched, hit, grabbed, kicked," slammed against walls, dragged outdoors, crushed by

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destroying clinics and severely limiting access to health care, arson and bombings have resulted in injuries and caused millions of dollars in damage.[11]

Moreover, the anti-choice militants have been using increasingly destructive tactics. "The number of protesters have increased," and more police involvement is required.[12] "Picketers who once appeared satisfied to walk back and forth in front of [clinics] with signs [have been] joined by individuals who on a weekly basis block driveways, scream at staff, and interfere with patients attempting to enter [reproductive health care] facilities.[13] The harassment of patients has intensified, both at the clinic and at women's homes or places of employment. New tactics have also been introduced, such as chemical attacks with butyric acid.[14] Since January 1992, 74 chemical attacks have been reported in 16

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[10](...continued)
crowds, and terrorized with drive-by shootings. Senate Hearings at 4 (ABC, "Nightline," Mar.12, 1993 (Interview with Linda Taggart, Director, Ladies Center, Pensacola, Fla.); NAF, *Incidents of Violence & Disruption against Abortion Providers, 1993*, November 12, 1993.

[11]1993 Senate Hearings at 5. David A. Grimes, M.D., et al., "An epidemic of antiabortion violence in the US." *Obstetrics and Gynecology*, vol. 165, n.5, pt.1 (Nov. 1991): 1263-67 (submitted to the Committee with the testimony of Pablo Rodriguez, M.D.); UPI, *"Suspicious Fire Destroys Abortion Clinic,"* Jan.31, 1992.

[12]Senate Hearings at 7.

[13]*Id.*

[14]Butyric acid creates an intolerable stench, causes nausea, vomiting, headaches, dizziness, inflamed eyes and skin, and difficulty in breathing. It also destroys furniture and carpets. Several people have been hospitalized after chemical attacks on clinics. Senate Hearings at 6, (NAF, *Noxious Chemical Vandalism Incidents at Abortion Clinics*, May, 1993).

states.[15] Statistics compiled by the National Abortion Federation (NAF) confirm the recent dramatic increase in reported incidents of harassment and violence against abortion providers and women seeking abortion.[16]

The violence finally escalated in the murder of Dr. David Gunn in Florida in 1993.[17] *See* J.A. at 190-96. Subsequently, another physician, Dr. George Tiller was shot in both arms during an abortion protest in Wichita, Kansas.[18] Dr. Gunn's murder, and Dr. Tiller's shooting are not isolated incidents; rather these violent criminal acts are an inevitable result of the increasingly violent climate of anti-choice protests and campaigns. Prominent figures in the anti-choice movement have been quoted as saying that the killing of doctors who

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[15]There is a pattern of attacking several clinics in an area at once with butyric acid. Since the attack forces clinics to close for repairs, this strategy eliminates services in the entire area. Senate Hearings at 6 (NAF, *Noxious Chemical Vandalism Incidents at Abortion Clinics*, May, 1993).

[16]For example, between 1993 and March, 1994, reports of attempted bombing and arson incidents at clinics totalled 8; reports of vandalism reached 132; reports of clinic blockades totalled 79; reports of arson incidents at abortion clinics reached 9. National Abortion Federation, *Incidents of Violence and Disruption Against Abortion Providers*, 1994.

[17]Previously there had been shootings and serious injuries. For example, in December of 1991, a man in a ski mask opened fire with a sawed-off shotgun at a clinic in Springfield Missouri. He wounded two clinic staff, including the office manager who is paralyzed as a result of the shooting. Richard Lacayo, *One Doctor Down, How Many More?*, Time, March 22, 1993, at 46.

[18]*Abortion Foe Charged in Shooting of Doctor*, New York Times, Aug. 24, 1993; Dirk Johnson, *Abortions, Bibles and Bullets, And the Making of a Militant*, New York Times, Aug. 28, 1993, at A1.

perform abortions is justified "on behalf of the unborn."[19]

Both Dr. Gunn and Dr. Tiller were shot during anti-choice protests, and might have been protected by an injunction such as the one issued herein, requiring anti-abortion activity to remain at a safer distance. The escalating violence has created a climate of terror for physicians providing reproductive health services. Physicians' lives are being continually threatened.[20] Moreover, the threats, harassment and intimidation are also directed at the families of reproductive health professionals.[21]

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[19]Senate Hearings at 4. (testimony of Michael Bray, Coordinator of Operation Rescue, Washington D.C.).

[20]Death threats to abortion providers include statements like: "Hey * * * [Dr.] Boyd. Those babies didn't know when they were dying by your butcher knife. So now you will die by my gun in your head very soon - and you won't know when - like the babies don't. Get ready your [sic] dead," Senate Hearings at 10, (Statement of Fairmount Center, Senate Committee on Labor and Human Resources Committee, June 2, 1993); "and [o]bviously you don't know what a real 'terrorist' is, [p]erhaps someday soon you will, [t]hink not that I am come to send peace on earth[,] I came not to send peace, but a sword." Written Testimony of Norman T. Tompkins, M.D., House Subcommittee on Crime and Criminal Justice, Committee on the Judiciary, April 1, 1993, Exhibit 4.

[21]Dr. Norman Tompkins of Dallas, Texas received the following message on his answering machine: "I'm going to cut your wife's liver out and make you eat it. Then I'm going to cut your head off * * *" 1993 House Hearings at 10 (Written Testimony of Norman Tompkins, M.D., House Subcommittee on Crime and Criminal Justice, Committee on the Judiciary, April 1, 1993). Additionally, "[a] member of the Pro-Life action Network confronted Dr.Tompkins wife and shouted, 'Aren't you afraid I'm going to kill you?'". Senate Hearings at 10, (Statement of Facts, *Tompkins v. Cyr*, No.93-1337-F (D. Dallas County, Tex.) (Filed March 30, 1993), p.3 (submitted as written testimony of Norman Tompkins, M.D.)). In addition to threats the families of providers are subject to harassment. For example, the anti-choice group Lambs of

(continued...)

Pablo Rodriguez, M.D.,[22] asking the Senate "to walk just a few yards in my shoes and feel what thousands of health care providers across the country feel every day of their lives," 1993 Senate Hearings, Rodriguez Testimony at 2, described his experiences as a reproductive health care provider:

> In the beginning, the harassment was the usual nasty letter and graphic pictures of dismembered fetuses; but slowly it became more aggressive. I began receiving strange packages with dolls inside, as well as subscriptions to gun magazines and hunting lodges, showing pictures of dead animals hanging by their extremities. Then the "Wanted Posters" began to appear . . . . Then the doors and locks to our clinic were glued on multiple occasions[23] culminating with three episodes of forceful blockading of our clinic. . . . The day Dr. Gunn was shot, I knew that my life would irrevocably change. One week after his death, as I was driving my mother to the bus station, I realized that my car was steering poorly. Once I dropped her off, I examined my tires and found that there were 45 nails deeply embedded in them; a fortunate finding considering that I was

[21](...continued)
Christ followed a Minnesota physician's daughter to school, and passed out leaflets there which stated "Sonia's Mom Kills babies." Sandra Boodman, *A Doctor's Story: A Firm Belief That 'What Goes Around Comes Around*, Washington Post, Apr. 8, 1993, A16.

[22]Dr. Rodriguez is a clinical assistant professor of Obstetrics and Gynecology at Brown University Medical School, a fellow of the American College of Obstetricians and Gynecologists, and the Medical Director of Planned Parenthood of Rhode Island.

[23]The doors of Respondent Aware Woman Center for Choice were also vandalized with glue. *See* J.A. at 24.

> driving over 50 miles an hour on the highway. That evening, when I returned home, still unaware of the location of this act of vandalism, my wife painfully discovered with her foot that my driveway was "booby-trapped" with roofing nails cleverly buried under the snow. An image of my young children running and skinning their knees on that same section of driveway has filled my heart with a fear that, until this day, I have not been able to shake off. The following week I received a bill for an insurance policy on my wife's life [which we had not applied for.]

Id. at 3-4.

Finally, this violence, harassment, and intimidation do not only occur locally; it is coordinated and planned strategically on a national level. These incidents at various clinics throughout the country are not merely disparate, local events. Rather, anti-choice zealots travel all over the country targeting a few regions at a time. For example, from July to August of 1991, thousands of anti-choice activists came from around the country to launch attacks on clinics in Wichita, Kansas.[24] The massive assaults and blockades so overwhelmed the local Wichita police that 100 federal marshals had to be called in to control the mob violence.[25] The six week protest cost the City of Wichita approximately one million dollars and led to more than 2,741 arrests.[26]

In this case, there was a training camp, the Institute for

[24]*U.S. v. Cooley*, 787 F.Supp. 977, 980 (D. Kan. 1992). 1993 Senate Hearings at 9.

[25]Id.

Mobilized Prophetic Activist Christian Training (IMPACT), for anti-abortion activities[27] in Melbourne 1 1/2 - 2 miles from Respondent Aware Woman Center for Choice. *See* J.A. at 97-106, 247-251. Trainees came from all over the country, and funds were raised nationally to support them during training. *See* J.A. at 40-43. Thus, Respondent Aware Woman Center for Choice was targeted as part of a national campaign that instigates violence, fear and intimidation across the country.

B. The Climate Of Fear And Intimidation Created By The Violent Tactics of Anti-Choice Militants Directly Jeopardizes Women's Health And Curtails Access to Abortions.

The coercive and violent tactics employed by anti-choice organizations severely endanger women's health and create a dangerous shortage of abortion providers. Women's health is endangered as a result of direct harassment and by anti-choice tactics that block access to necessary health care at crucial moments, and by the shortage of abortion providers.

In assessing the impact of anti-choice threats, violence, harassment and intimidation, this Court should keep in mind that women are targeted immediately prior to and during a surgical procedure.[28] Harassment at this time and in this context heightens the health risk for women by causing

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[27]Trainees were instructed how to harass, intimidate, and stalk clinic personnel and patients, and how to blockade clinics. *See* J.A. at 40-43.

[28]Abortion is an extremely safe surgical procedure, particularly when performed under normal circumstances. Stanley K. Henshaw, *Induced Abortion: A World Review, 1990*, 22 Fam. Plan. Persp. 13 (1990). It remains, however, a surgical procedure and requires anesthesia, with its attendant risks. *See* J.A. at 152-53.

hypertension, stress, and/or anxiety.[29] These conditions, in turn, will force physicians to anesthetize their patients with higher doses of sedatives or, if the hypertension is severe, to turn the patient away altogether.[30] Indeed, the trial court found that women attempting to obtain reproductive health

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[29]*In Pro-Choice Network of Western New York v. Project Rescue Western New York*, 799 F. Supp. 1417 (W.D.N.Y. 1992), where the court granted an injunction against activity by anti-choice militants, it noted:

> uncontradicted testimony that the risks associated with an abortion increase if the patient suffers from additional stress and anxiety. Increased stress and anxiety can cause patients to: (1) have elevated blood pressure: (2) hyperventilate; (3) require sedation; or (4) require special counseling and attention before they are able to obtain health care. Patients may become so agitated that they are unable to lie still in the operating room thereby increasing the risks associated with surgery.

Pro-Choice Network, 799 F. Supp. at 1427. *See also National Organization for Women v. Operation Rescue*, 726 F. Supp. 1483, 1489 (E.D. Va. 1989), *aff'd*, 914 F.2d 582 (4th Cir. 1990), *rev'd in part, vacated in part sub nom, Bray v. Alexandria Women's Health Clinic*, 113 S. Ct. 753 (1993) ("a 'rescue' demonstration creates a substantial risk that a clinic's patients may suffer physical and mental harm"); *Cousins v. Terry*, 721 F. Supp. 426, 432 (N.D.N.Y. 1989) (testimony that women who gained entrance to the clinic were "traumatized by the ordeal" of having to be escorted through demonstrators shouting insulting epithets); *N.Y. State National Organization for Women v. Terry*, 704 F. Supp. 1247, 1260-61 n. 17, 1262 (S.D.N.Y. 1989), *aff'd as modified*, 886 F.2d 1339 (2d Cir. 1989), *cert. denied*, 495 U.S. 947 (1990).

[30]*Id.* If women are turned away and forced to reschedule their appointments they suffer all the increased risks associated with delay. *See infra* at 14.

care from Respondents suffered these very effects.[31]

Additionally, women who are prevented from gaining access to a clinic by a blockade,[32] or who are intimidated from entering a clinic because of threatening protests,[33] delay obtaining their abortions.

> This delay can increase the risks associated with an abortion. For example, the delay may move the pregnancy from the first trimester to the second trimester during which the risks associated with the procedure increase. Other women who are seeking a post-abortion check-up might delay their appointment or simply cancel it altogether, thereby enhancing the possibility of complications. For some women who elect to undergo an abortion, clinic medical personnel prescribe and insert a device known as a pre-abortion laminaria to achieve cervical dilation. In these instances, timely removal of the laminaria is necessary to avoid infection, bleeding and other potentially serious complications. If a woman returning to have the laminaria removed finds that her access to the clinic entrance is blocked or impeded . . ., complications may result.

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[31]*See* J.A. at 152-54. In addition to harassing women on their way into the clinic, anti-choice militants even climb up on ladders placed alongside a clinic fence from where they shout and hold up grotesque and frightening pictures in the windows of the clinic in order to be heard and seen in the surgery room during procedures. *See* J.A. at 551-52.

[32]*See* J.A. at 154-55.

[33]*See* J.A. at 145-47, 547-553.

Pro-Choice Network, 799 F. Supp. at 1427.[34]

Moreover, anti-choice violence and harassment particularly endanger women during medical emergencies. Anti-choice groups commonly use tactics to block access to medical personnel such as tying up phone lines at reproductive health care facilities. This prevents women experiencing medical emergencies from contacting their physicians. Additionally, militants interfere with patients being transported by ambulances from clinics to hospitals. *See* Abortion Clinic Violence: Oversight Hearings Before the Subcommittee on Civil & Constitutional Rights of the House of Representatives, 99th Cong., 1st & 2nd Sess. (1985-86) at 23-24 (Testimony of Beverley Whipple) ("1985-86 House Hearings"). Other tactics include endangering women through fraud, deceit and intimidation. For example, in one instance:

> a patient who spoke only limited English returned to have a laminaria procedure completed, she was taken by anti-choice demonstrators to a doctor who removed some of the dilators and told her to continue the pregnancy. Fortunately, she was contacted by the clinic and was able to have her pregnancy terminated. . . . had the dilator not been removed, "th[e] situation was potentially life-threatening."

Written statement of Fairmount Center, Senate Labor and Human Resources Committee, June 2, 1993. 1993 Senate Hearings at 16.

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[34]*See also Planned Parenthood Association of San Mateo County v. Holy Angels Catholic Church*, 765 F. Supp. 617, 620 (N.D. Cal. 1991) (women are often so upset by protesters that they reschedule appointments and obtain later, and therefore more dangerous, medical procedures); *Roe v. Operation Rescue*, 710 F. Supp. 577, 582 (E.D. Pa. 1989) (woman denied necessary medical services in Pennsylvania as a result of blockade), *aff'd*, 919 F.2d 857 (3d Cir. 1990).

Moreover, anti-choice militants' concerted efforts to deter physicians from providing abortion services have been effective: this country faces a dire shortage of physicians who are trained and willing to provide abortions. The reduction in the number of providers results in increased cost and travel burdens. Consequently, reproductive health care is unavailable to increasing numbers of women who lack the means necessary to exercise their constitutional right to choose abortion.

During the last two decades, there has been a steady decline in the number of facilities and clinicians willing to provide abortion services. The decline in the number of abortion providers is directly attributable to organized efforts by extremist anti-choice organizations and individuals.[35] As early as 1985, Dr. Stubblefield testified before Congress that aggression by anti-choice groups had forced "two very able Medical Directors" to leave Planned Parenthood of Massachusetts at Worcestor. Since Dr. Gunn's slaying, at least eight physicians have stopped performing abortions, including Dr. Snydle who worked at Respondent Aware Woman Center for Choice clinic.[36]

A survey released in 1990 found that only 17 percent of the counties in the United States have an abortion provider.[37]

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[35]In addition, as a direct result of the organized harassment, clinics are finding it nearly impossible to fill physician positions. *See Abortion Clinics Seek Doctors But Find Few*, The New York Times, March 31, 1993 at A-14; *The Dearth of Abortion Doctors*, The Washington Post, April 20, 1992 at 7.

[36]*Doctors Say Abortion Foes Intimidating*, USA Today, April 13, 1993 at 2A.

[37]In addition, fewer and fewer doctors are willing to provide later abortions, which are more often required in cases where the woman is

(continued...)

Stanley K. Henshaw & Jennifer Van Vort, *Abortion Services in the United States, 1987 and 1988*, 22 Fam. Plan. Persp. 102, 106 (1990). Only 7 percent of the counties in rural areas have an abortion provider.[38] Thirty-one percent of women of childbearing age live in a county in which no abortion services are available.[39]

The lack of services has the greatest impact on low-income, rural, and young women. Women without the resources to travel to a provider -- or to pay for the procedure -- are more likely to obtain an abortion later in their pregnancies, when health risks are significantly greater and costs for the procedure are substantially higher, or to be forced to carry an unwanted pregnancy to term. Moreover, since low-income women rely on clinics disproportionately for a wide variety of reproductive health care, they are particularly harmed when clinics are forced to close their doors.[40]

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[37](...continued)
young or low-income, because these groups of women tend to obtain abortions later in pregnancy. Carolyn Westhoff, M.D., *Residency Training in Contraception, Sterilization and Abortion*, Obstetrics & Gynecology, Vol. 81 No. 2, Feb. 1993.

[38]*Id.* at 106.

[39]*Id.* at 106.

[40]For example,

> The Blue Mountain Clinic in Missoula, Montana was burned to the ground in 1992, following several years of escalating blockades. Seventy percent of the clinic's pre-natal program was comprised of Medicaid patients who had travelled an average of 120 miles for their appointments due to lack of care in their own areas. Western Montana's growing population of uninsured, working poor, and Medicare/Medicaid dependent citizens suffered a severe

(continued...)

In sum, despite the fact that the right to choose abortion has been constitutionally protected for twenty years, anti-choice zealots have purposely created a climate of fear and intimidation[41] in order to prevent women from exercising their constitutional rights. Criminal violence and threats against clinics and physicians who perform abortions are widespread and have worsened as an organized network of abortion opponents strives, virtually unchecked, to eliminate abortion as a choice for many women. Women and their health care providers should not have to put up with pervasive violence, extortion, death threats, and even murder, in order to obtain necessary reproductive health care.

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[40](...continued)
curtailment of medical services as a result.

Testimony of Willa Craig, Executive Director of the Blue Mountain Clinic, Missoula, MT. Senate Committee on Labor and Human Services, May 12, 1993. 1993 Senate Hearings at 5.

[41]Randall Terry, the founder of Operation Rescue, vowed, "to do everything we can to torment [abortion providers] . . . to expose them for the vile, blood-sucking hyenas that they are . . . to humiliate them, to disgrace them, which is our right." Sandra Boodman, *Abortion Foes Strike at Doctor's Home Lives - Illegal Intimidation or Protected Protest?*, The Washington Post, March 12, 1993, at E3.

Joseph Scheidler, Executive Director, Pro-Life Action League has said, "The prolife community has moved ahead to restore protection to the unborn . . . nonviolent action to end abortion is preferable . . . but if access to free speech, [and] assembly . . . are denied . . . the violence of abortion will inevitably be opposed by others means. Our methods are open and above board." 1993 House Hearings, Scheidler Testimony at 55.

II. WITHIN THE CONTEXT OF THIS PERVASIVE INTERFERENCE, INTIMIDATION AND INJURY, REASONABLE TIME, PLACE AND MANNER RESTRICTIONS ON DISRUPTIVE ACTIVITIES AT CLINICS AND RESIDENCES ARE NECESSARY TO PROTECT WOMEN'S HEALTH AND TO SAFEGUARD WOMEN'S CONSTITUTIONAL RIGHT TO CHOOSE ABORTION.

This Court should analyze the constitutionality of the Injunction in the context in which it was issued. Thus, this Court should consider not only the pervasive violence and intimidation in which the clinic has been forced to provide services, but also the national backdrop of violence and fear imposed on women seeking reproductive health services and their health care providers. This national context is a critical factor in the analysis because anti-choice organizations, including those who have targeted the clinic, organize their activities on a national level, are not strictly local in nature, and use similar tactics across the United States. This nationwide climate, in turn, affects the perceptions and reactions of women and health care providers targeted for harassment, violence and intimidation. Moreover, the national crisis created by these activities is an important consideration when determining the governmental interest at stake.

The state trial court properly considered both the immediate site-specific context of this case as well as the national backdrop of violence and fear. The court issued the Injunction based on extensive testimony, including a videotape, demonstrating the harm and intimidation imposed on the clinic, its staff and patients. *See* J.A. at 5-10, 50-64. Additionally, the trial court issued the Injunction only after blatant violations of a previous injunction. Moreover, the Court considered testimony regarding acts of violence against reproductive health providers, and harassment of women

outside of Melbourne, thereby taking into account the overall climate of fear created by anti-choice zealots nationwide. *See* J.A. at 54, 155, 195-99.

A. Conduct That Interferes With The Provision Of Reproductive Health Care At Clinics May Be Enjoined To Protect The Health Of Patients And To Safeguard Women's Constitutional Right To Choose Abortion.

This Court has "regularly rejected the assertion that people who wish 'to propagandize protests or views have a constitutional right to do so whenever and however and wherever they please.'" *United States v. Grace*, 461 U.S. 169, 177-78 (1983) (citing *Adderley v. Florida*, 385 U.S. 39, 47-48 (1966)).[42] Thus, the context in which expressive conduct occurs, in this instance reproductive health care facilities under siege, is a critical element in evaluating the constitutionality of a restriction.[43] Moreover, because the

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[42]"Even protected speech is not equally permissible in all places and at all times." *Cornelius v. NAACP Legal Defense and Educational Fund*, 473 U.S. 788, 799 (1985). In fact, many of Petitioners' activities are not even protected speech. This Court has made clear that there is no First Amendment right to block a public street or sidewalk or to block ingress and egress to a public or private building in an effort to exercise the rights of free speech and expression. *See, e.g., Cameron v. Johnson*, 390 U.S. 611, 617 (1968) (upholding prohibition on picketing in front of courthouse that interferes with free ingress or egress); *Cox v. Louisiana*, 379 U.S. 559, 562-64 (1965) (*Cox II*); *Cox v. Louisiana*, 379 U.S. 536, 555 (1965) (*Cox I*) (demonstrators may not cordon off street or entrance to a building allowing no one to pass who refused to listen to them).

[43]Indeed, the context of fear and intimidation surrounding reproductive health care clinics is similar to other contexts where the government's (continued...)

context is determinative, a ruling by this Court affirming the decision of the Supreme Court of Florida will be narrow and limited only to circumstances where there has been a history of violence and intimidation combined with a threat to public health and interference with the exercise of constitutionally protected rights.

Restrictions on protected speech are permissible so long as they are limited to a reasonable time, place, and manner.[44]

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[43](...continued)
interest in public health and safety justify restrictions on speech. Recognizing that context can alter the meaning of speech, i.e., a "message" in one context can become a "threat" in another, this Court has even upheld content-based restrictions on speech in order to protect public health and safety. For example, although a statute prohibiting comments or jokes about a "bomb" or "hijacking" might be unconstitutional in some contexts, this Court has upheld statutes criminalizing even offhand remarks about bombs or hijacking if made in airports or airplanes. *See United States v. Irving*, 509 F.2d 1325 (5th Cir.) *cert. denied* 423 U.S. 931 (1975); *United States v. Rutherford*, 332 F.2d 444 (2d. Cir.) *cert. denied* 377 U.S. 994 (1964); *State v. Silver*, 196 F.Supp. 677 (E.D.Pa. 1961); *United States v. Omirly*, 488 F.2d 353 (4th Cir. 1973); *Taylor v. United States*, 358 F.Supp. 384 (S.D.Fla. 1973); *United States v. Allen*, 317 F.2d 777 (2d. Cir. 1963). In doing so, this Court not only recognized the heightened interests in security and public safety inherent in airline travel, but also looked to the history of aviation terrorism and the consequences of terrorist threats -- whether real or pranks -- that led Congress to enact laws banning such speech.

[44]Such restrictions must be content neutral, narrowly tailored to serve a significant government interest, and provide ample alternative channels of communication. *Barnes v. Glen Theatre*, Inc., 111 S. Ct. 2456 (1991); *Frisby v. Schultz*, 487 U.S. 474 (1988); *Clark v. Community for Creative Non-Violence*, 468 U.S. 288 (1984); *Heffron v. International Soc. for Krishna Consciousness*, 452 U.S. 640, 647 (1981); *Greer v. Spock*, 424 U.S. 828, 838 (1976); *Northeast Women's Center, Inc. v. McMonagle*, 939 F.2d 57, 62 (3rd Cir. 1991). The Injunction meets all of these criteria. *See* Brief of Respondents.

In assessing the reasonableness of a time, place, and manner restriction, the Court must look to the governmental interests at stake and the ways in which the expressive conduct impedes those interests. One factor to consider is

> [t]he nature of a place, "the pattern of its normal activities. . . . " [and] . . . whether the manner of expression is basically incompatible with the normal activity of a particular place at a particular time.

Grayned v. City of Rockford, 408 U.S. 104, 116 (1972) (quoting *Brown v. Louisiana*, 383 U.S. 131 (1966)). The tactics of the anti-choice zealots at the clinic clearly disrupt the clinic's "normal activity." Indeed, that is the very purpose of these tactics. Moreover, there is a strong government interest in protecting against such a disruption in order to safeguard women's health and women's ability to exercise their constitutional right to choose abortion. Thus, restrictions on disruptive activity, in this context, are constitutionally permissible.

In a long line of cases, this Court has upheld regulation of First Amendment activities in public places that are unsuited for unfettered expression.[45] In *Grayned*, this Court upheld an ordinance prohibiting noise outside a school based on a finding that excessive noise interfered with the central purpose and use of the school. 408 U.S. 104. In *Portland Fem. Women's H. Ctr. v. Advocates for Life*, 859 F.2d 681 (9th Cir. 1988), the Court of Appeals for the Ninth Circuit found, "the interests that render reasonable the regulation of disruptive expression outside schools and courthouses [should] also operate to allow regulation of disruptive expression outside a clinic where medical services including surgery are offered." *Id.* at 686.

There is a significant governmental interest inherent in providing medical services to the public which justifies providing a "quiet zone" around health care facilities limiting where and when expressive conduct is permitted.[46] Indeed, this Court has previously recognized the unique function of medical facilities and the need to maintain quiet and tranquility to protect the health of patients. See *NLRB v. Baptist Hospital*, 442 U.S. 773, 783-785 (1979) (upholding right of employees to solicit where such activity did not interfere with patient care); *Beth Israel Hospital v. NLRB*, 437 U.S. 483 (1978).[47] Moreover, this Court has recognized the government's "legitimate interest in seeing to it that an abortion, like any other medical procedure, is performed under circumstances that insure maximum safety for the

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[45] *Grayned*, 408 U.S. 104 (upholding regulation of disruptive speech in front of schools); *Cox*, 379 U.S. 559 (upholding restriction on disruptive speech near a courthouse); *Tinker v. Des Moines*, 393 U.S. 503, 513 (upholding ordinance punishing conduct that disrupts or is about to disrupt normal school activities); *Perry Educ. Ass'n v. Perry Local Educ. Ass'n*, 460 U.S. 37, 44 (1983). *See Greer v. Spock*, 424 U.S. 828 (1976) (military bases); *Adderley v. Florida*, 385 U.S. 39 (1966), *reh'g denied*, 385 U.S. 1020 (jails and prisons); *Jones v. North Carolina Prisoners' Union*, 433 U.S. 119 (1977) (same).

[46] Florida statutes providing for quiet zones around hospitals. Fla. Stat. 316.3045 (1993).

[47] The Court has also recognized the disruptive nature of loud noise in various contexts including schools, jails, courthouses, and even public parks and upheld anti-noise regulations in these public fora. See *Ward v. Rock Against Racism*, 491 U.S. 781 (1989); *Grayned*, 408 U.S. 104; *Adderly*, 385 U.S. 39; *Cox*, 379 U.S. 559; *Kovacs v. Cooper*, 336 U.S. 77, 78 (1949).

In the context of a medical facility, the governmental interest in maintaining quiet to safeguard the health of patients is particularly compelling. See *Medlin v. Palmer*, 874 F.2d 1085 (5th Cir. 1989) (upholding ordinance that prohibited the use of handheld amplifiers within 150 feet of any school or medical facility).

patient." *Roe v. Wade*, 410 U.S. at 150.[48]

Lower courts, too, have recognized the unique context of medical facilities and the need for a calm and tranquil environment. *See Low Income People v. Manning*, 615 F. Supp. 501, 517 (D.C. Ohio 1985), *amended*, 626 F. Supp. 1344 (N.D. Ohio 1986) (upholding hospital restriction on solicitation based on evidence in the record demonstrating that "the Hospital has sound medical reasons for wishing to keep the lobby and the outpatient waiting areas clear of individuals whose stated aim is to confront and lobby patients and families") (emphasis added); *see also, Tinker*, 393 U.S. at 512 n.6 (comparing public hospitals to jails). The record established in the Florida trial court is replete with evidence of the interference with medical care and the harm to patients' health caused by the disruptive activities of anti-choice militants. *See* J.A. at 52-55.[49]

Additionally, because the right to choose to have a safe and legal abortion is constitutionally protected, the governmental interest in preventing disruptive activity in this context is particularly weighty. In the same manner that the government's significant interest in safeguarding the constitutional right to vote, *Burson v. Freeman*, 112 S. Ct. 1846 (1992), justifies the creation of a "buffer zone" around the polls to protect citizens from intimidation, the significant governmental interest in protecting women's constitutional

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[48] *See also McMonagle*, 939 F.2d at 63 ("The government may 'properly assert important interests in safeguarding health' and 'in maintaining medical standards' as regards the performing of abortions.") (quoting *Roe v. Wade*, 410 U.S. 113 (1973)).

[49] Similar disruptive activities at clinics elsewhere in country have provided the basis for injunctions in numerous courts. *See McMonagle*, 939 F.2d at 63; *Portland*, 859 F.2d at 683, 686-87; *Holy Angels*, 765 F.Supp. at 625-26 (N.D. Ca. 1991).

right to choose abortion justifies the Injunction.

Indeed, the testimony presented to the trial court demonstrates that the intent of the zealots is precisely to prevent women from exercising their constitutional right to choose abortion by disrupting clinic services and driving physicians out of the practice of providing abortion. *See* J.A. 154-55, 505-514. Such flagrant interference with constitutional rights must not be tolerated.

The primary goal of the Florida trial court in issuing the Injunction was to protect the clinic and its patients from irreparable harm; specifically, to protect the ability of the clinic to provide medical services free from interference that endangers the health and safety of its patients and to guarantee the ability of women to exercise their constitutional right to choose abortion. The findings of fact made by the Florida trial court demonstrate that the Injunction was necessary to ensure that these interests were protected.

B. Women Seeking Abortions And Reproductive Health Care Providers Are A "Captive Audience" Who Should Be Protected From Targeted Expressive Conduct.

This Court has recognized a difference between generalized speech and conduct directed at an individual by protesters who "do not seek to disseminate a message to the general public, but to intrude upon the targeted [individual], and to do so in an especially offensive way." *Frisby*, 487 U.S. at 486. "No one has the right to press even good ideas on an unwilling recipient." *Rowan v. United States*, 397 U.S. 728, 737 (1970).

When a case presents a conflict between the right to speak and the right to be left alone, the right of the listener is entitled to considerable weight when the listener is a member

of a "captive audience." *Frisby*, 487 U.S. at 487; *Cohen v. California*, 403 U.S. 15 (1971). In addition to applying the "captive audience" doctrine to individuals entrapped in their homes,[50] *see Frisby* 487 U.S. at 486-87, this Court has applied the doctrine to numerous contexts "when the degree of captivity makes it impractical for the unwilling viewer or auditor to avoid exposure." *Erznoznik v. Jackson*, 422 U.S. 205, 209 (1975). *See Lehman v. Shaker Heights*, 418 U.S. 298 (1974) (passengers on municipally-owned buses).

The captive audience doctrine is particularly applicable to the context of protest activities targeted at reproductive health care clinics because women have no choice but to obtain reproductive health care at the clinic and thus cannot avoid the harassment by "simply avert[ing] their eyes." *Erznoznik* 422 U.S. at 211. Moreover, "privacy" concerns inherent in the constitutional right to choose abortion are related to those concerns at issue in restricting targeted residential picketing.

When women and their health care providers are inside the clinic, they are as captive as they would be in their home,[51] and thus are entitled to protection from disturbing and interfering activity that penetrates the walls and windows of the clinic. *See supra* at 27. Moreover, evidence in the Record illustrates the numerous ways in which the picketers hold women and staff hostage in their cars as they drive to the clinic. *See* J.A. at 52. Women in need of reproductive health care cannot avoid the protesting mobs blocking access to the clinic, thus they are also "captive" as they approach the reproductive health care facility on the sidewalks and streets surrounding the clinic. *See, generally, Too Close for Comfort: Protesting Outside Medical Facilities*, 101-2 Harv.

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[50]*See* discussion at Section C. *infra*, regarding residential picketing.

[51]Indeed, even more so during a surgical procedure, when leaving would endanger a woman's life or health.

L. Rev. 1856, 1863-65 (1987-88).[52]

Third, an application of the captive audience doctrine to the abortion clinic context is also appropriate because of the "privacy" interests inherent in the constitutional right to choose abortion. In articulating the principles behind the captive audience doctrine applied in *Frisby*, this Court identified the "privacy" interests inherent in one's home.[53] These interests also extend to intimate decisions involving bodily autonomy, and procreation. *See Roe*, 410 U.S. at 153-54, *Casey*, 112 S. Ct. at 2807.

Moreover, the constitutional right of "informational privacy," protecting the confidentiality of women seeking abortions, *Casey*, 112 S. Ct. at 2831, 2833, also supports an application of the "captive audience" doctrine to the abortion context. This Court has recognized the intensely "personal," "intimate," and "private" nature of the decision to have an abortion. *Casey*, 112 S. Ct. at 2807. Even under the best of

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[52]Moreover, unlike a public park or street in the middle of town, a "traditional public forum," the restricted area covered by the Injunction serves the specific function of providing access to the clinic. While the general public may *drive* along U.S. 1 and Dixieway, almost no pedestrians stroll along the sidewalks, and virtually no one, other than the protesters congregate along these public ways for extended periods of time. *See* J.A. at 244-45. Thus, this paved area differs from most sidewalks, such as those surrounding the U.S. Supreme Court at issue in *Grace*, 461 U.S. 169, along which citizens regularly walk in conducting their daily activities and which are "indistinguishable from any other sidewalks in Washington, D.C." *Id.* at 1708.

[53]*See Frisby*, 487 U.S. at 484; *see also Thornhill v. Alabama*, 310 U.S. 88 (1940) ("the picketer's right of free expression must be balanced against the individual's right to privacy"); *Town of Barrington v. Lauchie Blake*, 568 A.2d 1015, 1018 (Rhode Island, 1990) ("Individual privacy rights may be protected by reasonable time, place and manner regulations on free speech or expressive activity.").

circumstances, women fiercely guard their confidentiality regarding abortion.

In an effort to directly infringe upon this right to informational privacy, the tactics used by the vigilantes to deter women from obtaining abortions include: copying license plate numbers; identifying and tracking women to their homes; calling or writing to women, their parents or spouses at home; contacting neighbors, ministers, and others in the community; and callously exposing the woman's private decision to others whom the woman does not wish to inform. *See* J.A. at 55.[54] This tactic severely impedes women's exercise of their constitutional right to choose abortion. Indeed, the Record indicates that some women, out of fear that their private decision to have an abortion will be revealed by the protesters -- possibly to abusive parents or partners -- avoid coming to the clinic to obtain an abortion. As a consequence, some women delay the procedure days or weeks thereby risking harm to their health, other women may be forced to carry their pregnancy to term.

The government's interest in protecting women's health and safeguarding their ability to exercise their constitutional right to choose abortion, justifies application of the "captive audience" doctrine to permit additional restrictions against the zealots' cruel and invasive tactics.

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[54]Indeed, anti-choice leader Keith Tucci admitted on national television that Operation Rescue calls clinic patients in their homes in an attempt to dissuade them from abortion, claiming he doesn't see it as an invasion of these women's privacy. *Day One*, October 18, 1993.

C. The Harassment And Intimidation Occurring At The Homes Of Physicians And Clinic Staff May Be Enjoined.

This Court has recognized the importance of "preserving the sanctity of the home, the one retreat to which men and women can repair to escape from the tribulations of their daily pursuits." *Carey v. Brown*, 447 U.S. 456, 471 (1980). "The State's interest in protecting the well-being, tranquility, and privacy of the home is certainly of the highest order in a free and civilized society." *Frisby*, 487 U.S. at 484; *see also Rowan v. United States Post Office Dep't*, 397 U.S. 728, 736 (1970); *Kovacs*, 336 U.S. 77.

The tactic of harassing reproductive health care providers and their families at home is widely touted by anti-choice militants. *See* J.A. at 495-514. This particularly cruel strategy -- referred to as the "No Place to Hide" campaign -- seeks to harass and intimidate physicians out of continuing to provide reproductive health care. This strategy is working. The result is a worsening public health crisis as fewer and fewer physicians are willing to suffer the persistent threats and attacks upon themselves and their loved ones. *See supra* at 8-11. To put an end to such abusive harassment, and to ensure that able physicians will continue to provide abortions and other reproductive health care, this Court should uphold the restrictions on residential picketing.

CONCLUSION

For the foregoing reasons, *amici curiae* urge this Court to affirm the judgment of the Florida Supreme Court and uphold the Injunction.

Dated: April 1, 1994

Respectfully submitted,

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APPENDIX

INTEREST OF *AMICI CURIAE*

THE CENTER FOR REPRODUCTIVE LAW & POLICY ("CRLP") is a non-profit legal organization dedicated to protecting women's right to choose abortion and to preserving women's access to comprehensive reproductive health care. Attorneys from CRLP have litigated numerous abortion rights cases throughout the country, representing numerous reproductive health care providers and clinics, as well as women seeking their services. In particular, attorneys from CRLP represented the plaintiffs in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 112 S. Ct. 2791 (1992), *Harris v. McRae*, 448 U.S. 297 (1980), and *Hodgson v. Minnesota*, 497 U.S. 417 (1990). In *Casey*, this Court reaffirmed women's constitutional right to abortion. Without access to abortion services, however, this right will be meaningless. The CRLP has a particular interest in halting the campaign of violence, harassment and intimidation directed against women seeking abortions and against physicians and clinics providing abortion services, whose purpose is to make abortion services inaccessible to all women.

THE NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE ("NARAL"), has nearly 800,000 members in 39 state affiliates and the national organization. Founded in 1969, NARAL is the largest organization working primarily to keep abortion safe, legal and accessible for all women. The constituency of NARAL uses the political process to guarantee women the right to make personal decisions regarding reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion. NARAL works to elect pro-choice officials to all levels of government, and to protect the right to choose in the legislatures, the courts, and at the clinics. The NARAL Foundation educates the public about reproductive rights issues. NARAL recognizes that guaranteeing women the full range of reproductive choices is

critical to women's autonomy and equality.

THE WOMEN'S LAW PROJECT is a non-profit law firm dedicated to advancing the status and opportunities of women. The Women's Law Project believes that the right to reproductive choice is an essential component of women's ability to play an equal role with men in this society, and has engaged in extensive litigation and public education designed to protect women's legal right to abortion. Since its founding in 1974, the Women's Law Project has challenged in the courts a wide variety of state statutes designed to restrict abortion rights, including the Pennsylvania statute invalidated by this Court in *Thornburgh v. American College of Obstetricians and Gynecologists*, 476 U.S. 747 (1986), and as co-counsel in *Planned Parenthood v. Casey*, 112 S. Ct. 2791 (1992).

THE WOMEN'S LEGAL DEFENSE FUND ("WLDF") is a non-profit national advocacy organization formed in 1971 to promote equality and opportunity for women. WLDF works in Congress, the courts, the executive branch, and at the state level to advance public policy for women and their families. One of WLDF's priorities is to make sure that women, particularly low-income women, have access to the full range of reproductive health care services, including safe and legal abortion services, family planning services, and maternal and child health services.

THE NATIONAL WOMEN'S LAW CENTER is a Washington-based legal organization which has been working since 1972 to advance and protect women's legal rights. The Center's primary goal is to ensure that public and private sector practices and policies better reflect the needs and rights of women. The fundamental right to abortion recognized in *Roe v. Wade* is of profound importance to the lives, liberty, health, and safety of women throughout the country. Because of the tremendous significance to women of the freedom to

choose whether to bear children, the National Women's Law Center seeks to preserve women's right to abortion, which can only be assured if there is access to healthcare providers.

THE AMERICAN JEWISH COMMITTEE ("AJC") is a national organization of 40,000 members, founded in 1906, for the purpose of protecting the civil and religious rights of Jews. The AJC believes that this goal can best be accomplished by helping to preserve all of the constitutional rights of all Americans, including the fundamental right of access to abortion on a voluntary basis as set forth in *Roe v. Wade*. It is precisely this fundamental right of access which is at stake in the case at bar.